

## ADMINISTRATIVE DRAWDOWN REQUEST STATE OF CALIFORNIA HOME PROGRAM

Contractor Name: \_\_\_\_\_

HOME Contract Number: \_\_\_\_\_-HOME-\_\_\_\_\_

This form is to be used for requesting payment of administrative costs as authorized under the above Standard Agreement. If this is the first payment request for administrative funds, the sources and amounts identified below should include all of the other funds expended at the time of this request including all other funding sources used to pay administrative costs. All subsequent requests for administrative funds should include all those sources and amounts used since the last administrative drawdown request. Please request and report funds rounded to the nearest dollar (no cents), and do not request less than \$100 unless it is your final administrative draw. Refer to Appendix 1-D-5 for funding source detail.

Funding Source Code	List Funding Sources Being Used During This Disbursement Period Funding Source Description	Amount
06	HOME Administrative Funds	\$
		\$
		\$
		\$
		\$
		\$
		\$
	Beginning Available Project Balance (less any previous drawdown requests)	\$
	Less this Request.	—
	Project Balance	\$
Beginning date on which administrative expenses were incurred under this drawdown request:		
Ending date on which administrative expenses were incurred under this drawdown request:		
Drawdown Number: _____	Final Draw?:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Certification**

This certifies the following:

1. that to the best of my knowledge, this report is true in all respects;
2. that all funding sources and amounts reported herein have been expended or will be expended at the time the requested HOME funds are disbursed in accordance with the above-numbered Standard Agreement;
3. that the work has been completed and the costs have been incurred for which payment is being requested; and
4. that I am specifically authorized to sign documents of this nature on behalf of the State Recipient/ CHDO. Proof of such authorization was submitted to the Department prior to this request or is attached to this request.

Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Use a typewriter or print carefully with a ballpoint pen. Prepare an original and one copy. **Retain a copy and mail the original to:**

**Department of Housing and Community Development  
HOME Program  
1800 3<sup>rd</sup> Street, MS 390-3  
P.O. Box 952054  
Sacramento, CA 94252-2054**